


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90248 016 \*\*\*\*61.25

<b>DOCUMENT # N94000000560</b> 1. Entity Name SOUTHBRIDGE CONDOMINIUM NO. 7 ASSOCIATION, INC.	
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Principal Place of Business PEGASUS PROPERTY MANAGEMENT 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908	Mailing Address PEGASUS PROPERTY MANAGEMENT 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908
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04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0492776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
GAI MARSDEN, GARY  
PEGASUS PROPERTY MANAGEMENT  
17595 SOUTH TAMiami TRAIL #100  
FORT MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROYER, HAROLD 3401 TRALEE COURT #201 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNELL, JACK 3401 TRALEE CT #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KURFIS, ROBERT 3400 TRALEE CT #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEREW, ROBERT 3401 TRALEE COURT #101 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C Tunell 4/24/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #